

# MODULE II

# HANDOUTS

Module II:  
Social-Emotional Development,  
Mental Health, and Learning

Handouts

II-38



**MENTAL  
HEALTH**

it's part of our classrooms

## Risk Factors for mental health problems

### Community

Drugs  
Firearms  
Crime  
Media  
Violence  
Mobility  
Poverty

### Family

Family history of behavior  
Family conflict  
Family history of mental illness

### School

Early antisocial behavior  
Academic failure in late elementary school  
Lack of commitment to school  
Individual/peer alienation and rebelliousness  
Friends who engage in a problem behavior  
Early initiation of a problem behavior

## Protective Factors against mental health problems

An adult, such as a community leader, church member, schoolteacher, or parent, who cares about the youth and his/her future

A genuine relationship with an adult who expresses clear and consistent rules and expectations about the youth's behavior, and discusses disappointments, poor decisions, and mistakes

Recognition for involvement, accomplishments, and worth as a person

Opportunities to be involved and to show skills that contribute

An adult who shows consistent dedication to the youth's overall health and development

Adapted from Hawkins, J. D., & R. F. Catalano. *Communities that care: Action for drug abuse prevention*. San Francisco: Jossey-Bass, 1992.

# Adolescent Mental Health Continuum

Less Severe ← ————— → More Severe

<b>Social Adjustment</b>	Adjusts to social situations			
<b>Environment/ Coping Skills</b>	Adapts to environment	At times shows difficulty coping with environment	Ineffective or inconsistent coping with environment	Restricted coping, dependency, or crisis
<b>Emotional Responses</b>	Appropriate emotional responses	Emotional responses inconsistent	Emotional responses are restricted, extreme, or inappropriate	Emotional responses are severely disproportionate
<b>Mood Control</b>	Controls mood	Some fluctuation in ability to control mood	Mood swings, sad mood, or consistent irritability	Mood seriously impairs day-to-day functioning
<b>Thought Patterns</b>	Thoughts consistent with goals, intentions, beliefs	Preoccupations, worries, or frustrations	Intrusive thoughts or obsessions	Bizarre or illogical thoughts
<b>Biological Patterns*</b>	Regular biological patterns	Minor disruptions to biological patterns	Consistent disruptions of biological patterns	Severe disruptions of biological patterns

\*includes sleep cycles, eating patterns, etc.

## Adolescent Mental Health Continuum (page 2)

### About the Continuum:

- There is *no clear line* between mental health, mental health problems, and serious emotional disturbance. Behavior patterns run along a continuum.
- All symptoms do not appear with the same level of severity. Areas can be linked diagonally with each other—a youth with an eating disorder, for example, may adjust to social situations well but have disrupted biological patterns.
- Symptoms always should be looked at within the context of chronological and developmental age, as well as within the context of existing risk and protective factors.
- The continuum is a representative sample of symptoms and degrees of severity. Symptoms are not limited to the categories and behaviors described above.

## Serious Emotional Disturbances

Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. These disorders include depression, attention-deficit/hyperactivity disorder, anxiety disorders, conduct disorder, and eating disorders.

The term SED, or serious emotional disturbance, as used in this training, refers to a clinical diagnosis by a mental health professional. It does not necessarily mean “qualifies for special education.” Specific school/district policies regarding SEDs vary. In Module III, there will be an opportunity to address local policies regarding serious emotional disturbances.

**Source:**

Glossary of Terms, Child and Adolescent Mental Health, Center for Mental Health Services;  
[www.mentalhealth.samhsa.gov/publications/allpubs/CA-0005/default.asp](http://www.mentalhealth.samhsa.gov/publications/allpubs/CA-0005/default.asp)

## Problems Associated With Serious Emotional Disturbances

Adolescents with these problems are more likely to experience co-occurring social-emotional problems, face other health risks, and experience restricted opportunities. Each of these can manifest itself in the ways listed below.

### Co-Occurring Social-Emotional Problems

- Higher incidences of other psychiatric conditions
- Impulsiveness
- Low self-esteem
- Poor social skills
- Limited interpersonal relationships, social supports, and social networks

### Health Risks

- Drug use/abuse
- Alcohol use/abuse
- Higher rates of HIV/AIDS and sexually transmitted diseases
- Unwanted pregnancies
- Driving while intoxicated

### Restricted Opportunities

- Low academic achievement
- Lower high school graduation rates
- Limited postsecondary entry
- Fewer employment opportunities
- Less financial independence

## Signs of Depression

The following signs may be symptoms of depression in children and adolescents if they persist for over 2 weeks:

- Suicidal thoughts
- Feelings of hopelessness
- Sad or irritable mood (irritability is more common in children and adolescents)
- Frequent crying
- Loss of interest or pleasure in social activities or previously enjoyed hobbies
- Withdrawal from others
- Self-injurious behavior (e.g., cutting, burning, or inflicting pain)
- Low self-esteem
- Feelings of worthlessness
- Physical complaints
- Change in body weight (gain or loss)
- Restlessness or agitation
- Change in appetite
- Difficulty falling asleep or sleeping too much
- Excessive fatigue
- Difficulty concentrating



## Depressive Disorders: Effects on Learning and Behavior

**Attention:** Attention can be disrupted by discomfort and physical symptoms such as headaches or stomach aches.

**Concentration:** Concentration is difficult to maintain for extended periods of time and affected by fatigue or intrusive thoughts related to guilt, hopelessness, or suicide.

**Self-appraisal/expectations:** Lack of enjoyment, feelings of low self-worth, expectations of failure, sensitivity to feedback, and negative thoughts about the future impede motivation and effort.

**Rehearsal:** Deficits in attention, concentration, and motivation may make it difficult to retain and retrieve information for the purpose of rehearsal.

**Mastery:** Cognitive and emotional impairments may interfere with the mastery of material.

**Behavior:** Excessive absences; sleepiness or restlessness during class; slow responding or no participation; overall avoidance of social interaction or typical activities of peers; crying or expressions of excessive guilt and sadness.



## Risks for Suicide

- A current **plan** to commit suicide
- Past attempts
- Reported feelings of hopelessness
- Thoughts about death
- Special arrangements for possessions or giving away possessions
- Severe emotional distress
- Substantial change in behavior accompanied by negative feelings and thoughts
- Access, use, or abuse of drugs or alcohol
- History of impulsive, reckless, or dangerous behavior
- A sense of isolation
- No perceived support from others
- Inability to generate alternatives to solve a difficult problem or conflict, or a sense of “no way out.”

Information on suicide prevention can be found at the Substance Abuse and Mental Health Services Administration’s National Strategy for Suicide Prevention Web site: [www.mentalhealth.samhsa.gov/suicideprevention](http://www.mentalhealth.samhsa.gov/suicideprevention)

Schools are encouraged to develop a comprehensive plan for suicide prevention. A detailed description of such a plan can be found in Keith A. King, “Developing a Comprehensive School Suicide Prevention Program,” *Journal of School Health*, April 2001, Vol 71, No. 4, pages 132-137.

# Anxiety and Attention-Deficit/Hyperactivity Disorder: Effects on Learning and Behavior

## Anxiety Disorder

**Attention:** Attention can be disrupted by a sense of impending doom or the feeling that something is wrong.

**Concentration:** Concentration is difficult to maintain during moments of intense anxiety, or is affected by irritability, restlessness, or a feeling of being out of control.

**Self-appraisal/expectations:** Expectations of poor outcomes or a sense of inability to bring about good results.

**Rehearsal:** Disruptions in attention or worries about performance can interfere with effective rehearsal.

**Mastery:** It often is difficult to retrieve or demonstrate previously learned information when feeling acute anxiety.

**Behavior:** Freezing during exams; asking for help when unnecessary; talking about worries, “what if” statements, or exaggerated/irrational fears; being overly prepared for tasks or exams; seeming upset or frantic when worries escalate.

## Attention-Deficit/Hyperactivity Disorder

**Attention:** Problems with attention are the hallmark of this disorder. Either the youth is overly attentive to insignificant details or completely inattentive. The youth often

misses information due to daydreaming, overactivity, or attention to other aspects of the environment.

**Concentration:** Highly distractible or impulsive but concentration improves when task has full attention.

**Self-appraisal/expectations:** Often fails to use prior experiences to accurately predict abilities; may overestimate or underestimate the demands of tasks and skills required; prior negative social feedback can impact motivation and sense of competence.

**Rehearsal:** Lack of organization and attention often interferes with time on task; frustration can come from missing important information regarding the procedures involved; patience and persistence weakly linked to rehearsal.

**Mastery:** May show lopsided skills or have certain elements mastered but not other elements important to whole concepts; gaps in knowledge can lead to difficulty with building on previous learning.

**Behavior:** Excessively talkative during class; hard to redirect or has difficulty following verbal or written directions; impulsive social behavior; annoying others or poor acceptance by peers; disorganized with materials; forgetful and missing multiple assignments.

## Eating Disorders (Anorexia): Effects on Learning and Behavior

**Attention:** Targeted attention appropriate to task, note-taking, and other skills associated with high performance.

**Concentration:** May show very intense concentration and self-discipline.

**Self-appraisal/expectations:** Perfectionist; overly hard on or punitive toward oneself; may assign more work to self than necessary.

**Rehearsal:** High expectations for mastery and repeated rehearsal.

**Mastery:** Information typically mastered to high degree but seemingly not good enough.

**Behavior:** High expectations; may be involved in rigorous athletic or physical competition; ritualistic with food or avoidance of meals; underweight; voices concerns about body size, shape, or weight; discusses dieting or avoidance of food.

## Indicators of Need

Children and adolescents with mental health issues need to get help as soon as possible. A variety of signs may point to mental health disorders or serious emotional disturbances in children or adolescents. Pay attention if a child or adolescent you know has any of these warning signs persisting for longer than seems appropriate:

### **A child or adolescent is troubled by feeling:**

- Sad and hopeless for no reason, and these feelings do not go away;
- Very angry most of the time and crying a lot or overreacting to things;
- Worthless or guilty often;
- Anxious or worried often;
- Unable to get over a loss or death of someone important;
- Extremely fearful or having unexplained fears;
- Constantly concerned about physical problems or physical appearance; or
- Frightened that his or her mind either is controlled or is out of control.

### **A child or adolescent experiences big changes, such as:**

- Showing declining performance in school;
- Losing interest in things once enjoyed;
- Experiencing unexplained changes in sleeping or eating patterns;
- Avoiding friends or family and wanting to be alone all the time;
- Daydreaming too much and not completing tasks;
- Feeling life is too hard to handle;
- Hearing voices that cannot be explained; or
- Experiencing suicidal thoughts.

### **A child or adolescent experiences:**

- Poor concentration and is unable to think straight or make up his or her mind;
- An inability to sit still or focus attention;
- Worry about being harmed, hurting others, or doing something “bad”;
- A need to wash, clean things, or perform certain routines hundreds of times a day, in order to avoid an unsubstantiated danger;
- Racing thoughts that are almost too fast to follow; or
- Persistent nightmares.



## Indicators of Need (page 2)

**A child or adolescent behaves in ways that cause problems, such as:**

- Using alcohol or other drugs;
- Eating large amounts of food and then purging, or abusing laxatives, to avoid weight gain.
- Dieting and/or exercising obsessively;
- Violating the rights of others or constantly breaking the law without regard for other people;
- Setting fires;
- Doing things that can be life threatening; or
- Killing animals.

**Source:**

Child and Adolescent Mental Health, Center for Mental Health Services,  
<http://www.mentalhealth.org/publications/allpubs/CA-0004/default.asp>